

STATE OF OHIO)
COUNTY OF MEDINA) SS: **DECLARATION**
)

I, Jason Briscoe, being first duly sworn, depose and state the following:

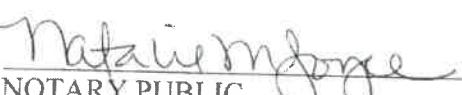
1. I am the Director of Pharmacy Operations at Discount Drug Mart, Inc.;
2. Discount Drug Mart has never held a Schedule II license;
3. Discount Drug Mart is licensed by the State of Ohio to distribute controlled substances in Ohio;
4. I've attached copies of those licenses to this declaration;
5. Discount Drug Mart stop distributing HCPs out of its warehouse prior to October, 6th, 2014 when the DEA change them from a Schedule III to a Schedule II.

FURTHER AFFIANT SAYETH NAUGHT.



JASON BRISCOE

SWORN TO AND SUBSCRIBED IN MY PRESENCE on this 13th day of June, 2019



NOTARY PUBLIC

Natalie M. Joyce, Notary
State of Ohio

My Commission expires: 11/29/2021



State of Ohio

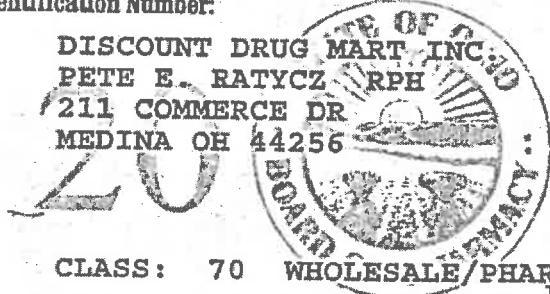
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2007**:

Identification Number:

01-0021900



07

CLASS: 70 WHOLESALE/PHARMACY

No. 0240

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

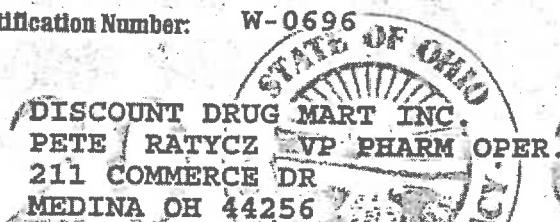
STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE-ORC Sections 3719.021 & 3719.03; MANUFACTURER-ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2007**:

Identification Number:

W-0696



07

WHOLESALE OF CONTROLLED SUBSTANCES

No. 0143

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Section 4729.53(A), O.R.C.]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62, O.R.C.; Rule 4729-9-07, O.A.C.]

• • • **DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES** • • •
* * * **WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED** * * *

State Board of Pharmacy • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

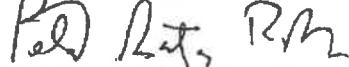
State of Ohio
STATE BOARD OF PHARMACY

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Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2010**:

Identification Number **WPHR . 010021900 00220**

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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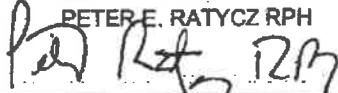
State of Ohio
STATE BOARD OF PHARMACY

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Identification Number **WCSW . 0696 00084**

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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**DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES
WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME:

DISCOUNT DRUG MART INC.

IDENTIFICATION NO: WCSW . 0696

STREET ADDRESS:

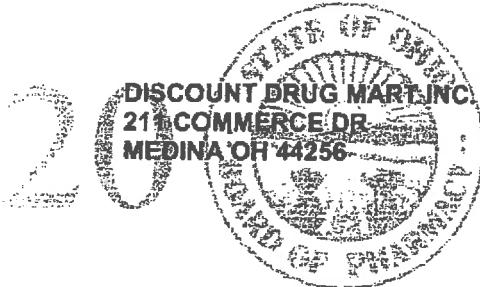
State of Ohio

STATE BOARD OF PHARMACY

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Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2010**:

Identification Number **WPHR . 010021900 00220**



10

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

Peter Ratycz RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

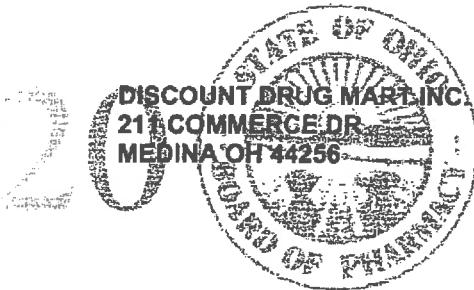
State of Ohio

STATE BOARD OF PHARMACY

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Identification Number **WCSW . 0696 00084**



10

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

Peter Ratycz RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

— THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL —

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WCSW . 0696

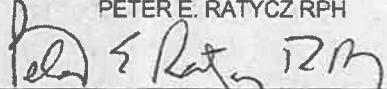
STREET ADDRESS: _____

State of Ohio

STATE BOARD OF PHARMACY

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Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2011:

Identification Number **WCSW . 0696** **0008**
RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

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In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Please contact the Board office for the fingerprint cards.

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

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WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

– THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL –

DISTRIBUTOR NAME: **DISCOUNT DRUG MART INC.** **IDENTIFICATION NO: WCSW . 0696**

STREET ADDRESS:

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

YES **NO**

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

YES **NO**

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If **YES** to either question above, has the explanation of charges already been filed with the Board?

YES **NO**

(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Chapter 3719. and Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person:

EFFECTIVE DATE:

NAME (please print):

DATE OF BIRTH:

TITLE:

SOCIAL SECURITY NUMBER:

PROFESSIONAL LICENSE NUMBER (if applicable):

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2012**:

Identification Number **WPHR . 010021900 01470**
RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

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Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Sections 4729.53(A), O.R.C.]

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WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

WHOLESALE DISTRIBUTOR**NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME:**DISCOUNT DRUG MART INC.****IDENTIFICATION NO: WPHR . 010021900****STREET ADDRESS:**

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

YES **NO**

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YES **NO**

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If **YES** to either question above, has the explanation of charges already been filed with the Board?

YES **NO**

(If **NO**, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If **YES**, it is not necessary to file again.)

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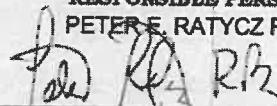
SIGNATURE of New Responsible Person:**EFFECTIVE DATE:****NAME (please print):****DATE OF BIRTH:****TITLE:****SOCIAL SECURITY NUMBER:****PROFESSIONAL LICENSE NUMBER (if applicable):**

State of Ohio

STATE BOARD OF PHARMACY

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Identification Number **WPHR . 010021900 01470**
RESPONSIBLE PERSON:

PETER E. RATYCZ RPH

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256

SIGNATURE OF RESPONSIBLE PERSON

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CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

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WHOLESALE DISTRIBUTOR**NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

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-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. **IDENTIFICATION NO:** WPHR . 010021900

STREET ADDRESS: _____

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

YES **NO**

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SIGNATURE of New Responsible Person: _____

EFFECTIVE DATE: _____

NAME (please print): _____

DATE OF BIRTH: _____

TITLE: _____

SOCIAL SECURITY NUMBER: _____

PROFESSIONAL LICENSE NUMBER (if applicable): _____

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STATE BOARD OF PHARMACY

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Identification Number **WCSW . 0696** **0595**

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Please contact the Board office for the fingerprint cards.

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Sections 4729.53(A), O.R.C.]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

**DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES
WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED**

STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

**CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DISTRIBUTOR NAME: **DISCOUNT DRUG MART INC.** **IDENTIFICATION NO:** **WCSW . 0696**

STREET ADDRESS:

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

YES **NO**

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

YES **NO**

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If YES to either question above, has the explanation of charges already been filed with the Board?

YES **NO**

(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Chapter 3719. and Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: _____

EFFECTIVE DATE: _____

NAME (please print): _____

DATE OF BIRTH: _____

TITLE: _____

SOCIAL SECURITY NUMBER: _____

PROFESSIONAL LICENSE NUMBER (If applicable): _____

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-1143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2013**:

Identification Number **WPHR . 010021900 00490**

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires prior authorization and a change of address form must be filed with the State Board of Pharmacy.

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-1143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2013**:

Identification Number **WCSW . 0696 0011**

RESPONSIBLE PERSON:

PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires prior authorization and a change of address form must be filed with the State Board of Pharmacy.

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2014:

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS



State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE - ORC Sections 3719.02 & 3719.03; MANUFACTURER - ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2014:

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH





STATE BOARD OF PHARMACY

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2014:

Identification Number **WPHR . 010021900** 00568

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256



State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence that all statutory requirements (WHOLESALE - ORC Sections 3719.021 & 3719.03; MANUFACTURER - ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2014:

Identification Number **WCSW . 0696** 0151

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH



2019 APPROVAL OF REGISTRATION OF WHOLESALE DRUGS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov
 Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WPHR.010021900-03

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA, OH 44256

**SIGNATURE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

**CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**

A change in name, address, or ownership (not officers) requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4929.52, ORC; Rule 4729-9-16, OAC]

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Contact the Board office for the fingerprint cards or you can go to <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck> to request fingerprint cards BIM-12-98 (BCI) and FD-258 (FBI).

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, OAC]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use the form at the bottom of this page. Additional forms may be obtained at <http://pharmacy.ohio.gov/WDDD/General.aspx>. [Sections 4729.53(A), ORC]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (discontinuing business form is available at <http://pharmacy.ohio.gov/WDDD/General.aspx>) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 ORC; Rule 4729-9-07, OAC]

**** DO NOT RETURN BELOW UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES ****

**** WHEN USING, DETACH AND RETURN BY MAIL, FAX OR EMAIL ****

**STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143
WHOLESALE DISTRIBUTOR**

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME: DISCOUNT DRUG MART INC. IDENTIFICATION NO: WPHR.010021900-03

STREET ADDRESS: _____

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

YES NO

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor (even if expunged or sealed) other than a minor traffic violation?

YES NO

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If YES to either question above, has the explanation of charges already been filed with the Board?

YES NO

If NO, explain in detail on a separate sheet of paper; listing name(s) and address(es) of the court or government agency and dates such charges were filed. If YES, it is not necessary to file again.

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: _____ EFFECTIVE DATE: _____

NAME (please print): _____ DATE OF BIRTH: _____

TITLE: _____ SOCIAL SECURITY NUMBER: _____

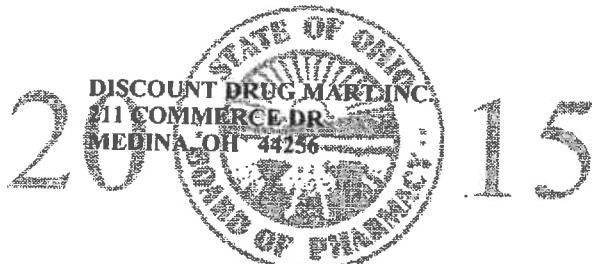
PROFESSIONAL LICENSE NUMBER (if applicable): _____

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov
Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all
statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs
at wholesale in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WPHR.010021900-03



RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

A handwritten signature in black ink.

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported
within 30 days on a "Notification of Change of Responsible Person"
form.

Before change of name, address, or ownership, immediately notify
the Licensing Department of the State Board of Pharmacy.

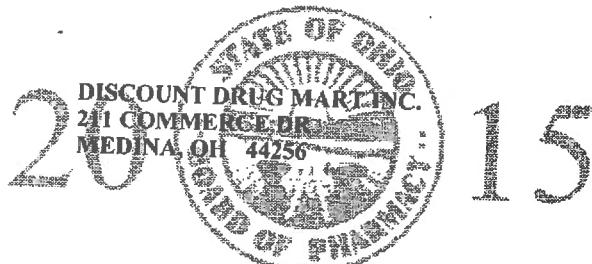
CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov
Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory
requirements (WHOLESALE -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC SECTIONS 3719.02 & 3719.03) have been
met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WCSW.0696



RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

A handwritten signature in black ink.

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported
within 30 days on a "Notification of Change of Responsible Person"
form.

Before change of name, address, or ownership, immediately notify
the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

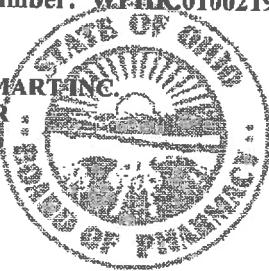
State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov
Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2016.

Identification Number: WPHR 010021900-03

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256



16

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov
Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (WHOLESALE - ORC Sections 3719.021 & 3719.03; MANUFACTURER - ORC SECTIONS 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2016.

Identification Number: WCSW 0696

DISCOUNT DRUG MART INC.
211 COMMERCE DR
MEDINA OH 44256



16

RESPONSIBLE PERSON:
PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler
SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS